FORM 3

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FE5AN018

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE PUBLIC RECORDS

11 OCT 19 AM11: 07

Office Use Only

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NAME OF COMMITTEE (in full)	TYPE OR PRINT		ample: If typing, type er the lines.	12FE4M5	•
Sestak for Senate	<u> </u>		<u> </u>		
	1 1 1 1 1			<u> </u>	
ADDRESS (number and street)	P.O. Box 1936				
Check if different					
than previously reported. (ACC)	Media PA 19063 - 1				
2. FEC IDENTIFICATION N	UMBER ▼	CITY A		STATE A	ZIP CODE
C C00465492		3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT PA 07
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) X July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) 		(b) 12-Day PRE	-Election Report for the Primary (12P) Convention (12C)	General (12G) Special (12S)	Runoff (12R)
		Election on	M M / SD D	Y Y Y Y Y	in the State of
		(c) 30-Day POS	T-Election Report for General (30G)	the:	Special (30S)
		Election on	M M (/ S D D	$F = \left(\begin{array}{ccc} \mathbf{Y} & \mathbf{Y} & \mathbf{Y} & \mathbf{Y} & \mathbf{Y} \\ \mathbf{Y} & \mathbf{Y} & \mathbf{Y} & \mathbf{Y} & \mathbf{Y} \end{array} \right)$	in the State of
5. Covering Period 04	M / D D / ·	2010	through .	06 30 ;	2010 Y
I certify that I have examined the Type or Print Name of Treasurer			owledge and belief it	is true, correct and con	nplete.
Signature of Treasurer Mary	zaret M. Infantino		·	Date	12 2011 2011
NOTE: Submission of false, errone	eous, or incomplete	information may	subject the person sign	ning this Report to the pe	enalties of 2 U.S.C. §437g.
Office Use Only					EC FORM 3 (Revised 02/2003)